

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

44350

Do not use this space.

1. PLACE OF DEATH

(a) County Platt Registration District No. 648

(b) Township 2 Primary Registration District No. 5926

(c) City Weston, Mo. (d) Street No. R.R. # 2 Registered No. _____

(e) Length of residence in city or town where death occurred yrs. mos. da. 10 (f) How long in U.S., if of foreign birth? yrs. mos. da. _____

2. PRINT FULL NAME J THOMAS CLARK CATLETT

(a) Residence, No. Hamburg Iowa St. Hamburg Iowa

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Catlett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>	<u>0</u>	<u>0</u>	<u>10</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freemont Co. Iowa

FATHER

13. NAME John Catlett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Sarah Chaney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freemont Co. Iowa

17. INFORMANT (ADDRESS) Alvin Catlett

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamburg Iowa DATE Dec. 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. 1946 Wilbur, Joseph Mo.

20. FILED 12/17 39 J. H. Hill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7 39, to Dec. 17 1939

I last saw him alive on Dec. 17 1939. Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

acute myocarditis Date of onset _____

Cerebral hemorrhage

Other contributory causes of importance: Chronic nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. M. Cullough, M.D.

(Address) 419 Main, West, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Head No. 11;
District File Number 140-1825
Date Filed JAN 9 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.